



# The Florida Senate

## Local Funding Initiative Request - Fiscal Year 2018-2019

1. **Title of Project:** Collier Resource Center, Inc. - Client Program Coordinator, Bilingual

2. **Senate Sponsor:** Kathleen Passidomo

3. **Date of Submission:** 11/10/2017

4. **Project/Program Description:**

Bilingual Program Coordinator to assist families and individuals navigate the maze of health and human service organizations by providing information and referral to appropriate resources and personalized care management.

5. **State Agency Contacted?** No

a. If yes, which state agency?

b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?  
Department of Health

6. **Amount of Non-recurring Requested for fiscal year 2018-19:**

Amount Requested for Operations	Amount Requested for Fixed Capital Outlay	Total Amount of Requested State Funds
25,000		25,000

7. **Type, amount and percent of matching funds available for this project for fiscal year 2018-19:**

Type	Amount	Percent
Federal	0	0.0%
State (excluding the amount of this request)	0	0.0%
Local	0	0.0%
Other	0	0.0%
TOTAL	0	0.0 %

8. **Total Project Cost for fiscal year 2018-19 (including the Total Amount of Requested State Funds):** 25,000

9. **Previous Year Funding Details:**

- Has funding been provided in a previous state budget for this activity? No
- In the previous 5 fiscal years, how many years was funding provided? (Optional)
- What is the most recent fiscal year the project was funded?
- Were the funds provided in the most recent fiscal year subsequently vetoed?
- Complete the following Worksheet.



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<b>FY:</b>	<b>Input Prior FY Appropriation for this project for FY 2017-18</b> (If appropriated in FY 2017-18 enter the appropriated amount, even if vetoed.)		
<b>Column:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Funds Description:</b>	<b>Prior Year Recurring Funds *</b>	<b>Prior Year Nonrecurring Funds *</b>	<b>Total Funds Appropriated (Column A + Column B)</b>
<b>Input Amounts:</b>			

### 10. Is future-year funding likely to be requested?

Yes

a. If yes, indicate non-recurring amount per year.

\$25,000

### 11. Program Performance:

a. What is the specific purpose or goal that will be achieved by the funds requested?

Client case management services with focus on outreach to Hispanic community.

b. What are the activities and services that will be provided to meet the intended purpose of these funds?

1. Community outreach to sites where prospective clients live, work, recreate, and worship. 2. Assistance also provided by telephone and in our office. 3. Network with other nonprofits to assure we are current on our information about what they offer and to keep them apprised of what we offer.

c. How will the funds be expended?

Spending Category	Description	Amount
Administrative Costs		
<input type="checkbox"/> Executive Director/Project Head Salary and Benefits		
<input type="checkbox"/> Other Salary and Benefits		
<input type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> Consultants/Contracted Services/Study		
Operational Costs		



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<input checked="" type="checkbox"/> Salary and Benefits	Client Program Coordinator	25,000
<input checked="" type="checkbox"/> Expense/Equipment/Travel/Supplies/Other		0
<input type="checkbox"/> Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation		
<input type="checkbox"/> Construction/Renovation/Land/Planning Engineering		
TOTAL		25,000

**d. What are the direct services to be provided to citizens by the appropriations project?**

Individual and personalized client case management for Collier County individuals and families.

**e. Who is the target population served by this project? How many individuals are expected to be served?**

All Collier County residents with an estimate of 1,000-1,500 clients served annually.

**f. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

100% increase in the number of clients served and 100% increase in the number of agency referrals.

**g. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for in the contract?**

None.

**12. The owner(s) of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owner(s) of the facility and the entity.**

N/A

**13. Requestor Contact Information:**

- a. **Name:** Nina Gray
- b. **Organization:** Collier Resource Center, Inc
- c. **Email:** 01ninagray@gmail.com
- d. **Phone Number:** (239)777-5341

**14. Recipient Contact Information:**

- a. **Organization:** Collier Resource Center, Inc
- b. **County:** Collier
- c. **Organization Type:**
  - ☐ For Profit
  - ☒ Non Profit 501(c) (3)



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## *Local Funding Initiative Request - Fiscal Year 2018-2019*

- ☐ Non Profit 501(c) (4)
- ☐ Local Entity
- ☐ University or College
- ☐ Other (Please specify)

**d. Contact Name:** Nina Gray

**e. E-mail Address:** 01ninagray@gmail.com

**f. Phone Number:** (239)777-5341

**15. If there is a registered lobbyist, fill out the lobbyist information below.**

**a. Name:** None

**b. Firm:** None

**c. Email:**

**d. Phone Number:**